National Transportation Safety Board NTSB ID: MIA89LA193 Aircraft Registration Number: N921FE FACTUAL REPORT Occurrence Date: 07/12/1989 Most Critical Injury: None AVIATION Occurrence Type: Accident Investigated By: NTSB Location/Time Nearest City/Place Zip Code Local Time Time Zone State FL 33906 1015 EDT FORT MYERS Distance From Landing Facility: 0 Direction From Airport: 0 Airport Proximity: On Airport Aircraft Information Summary Model/Series Aircraft Manufacturer Type of Aircraft **CESSNA** 208B Airplane Sightseeing Flight: No Air Medical Transport Flight: No Narrative Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:

National Transportation Safety Board
FACTUAL REPORT
AVIATION

NTSB ID: MIA89LA193

Occurrence Date: 07/12/1989

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|---------------------------------------|--|---------------|---------------------------|---|-------------------------|-------------------|----------------------|----------|---------------------|------------------------|-----|-------------------|
| AVIATION | | | Occurrence Type: Accident | | | | | | | | | |
| Landing Facility/Approach Inf | ormation | | | | | | | | | | | |
| Airport Name | Airport ID: | Airport Eleva | ition | Run | way Used | sed Runway Length | | h F | Runw | ay Width | | |
| FORT MYERS FM | | | | 15 Ft | . MSL | 13 | 4997 | | ' 150 | | 150 | |
| Runway Surface Type: Concrete | | | | | | | | | | | | |
| Runway Surface Condition: Dry | | | | | | | | | | | | |
| Type Instrument Approach: NONE | | | | | | | | | | | | |
| VFR Approach/Landing: Full Stop | | | | | | | | | | | | |
| Aircraft Information | | | | | | | | | | | | |
| Aircraft Manufacturer CESSNA | | | Mode 208 | el/Series B | | | | | | rial Number 18B0021 | | |
| Airworthiness Certificate(s): Norma | al | | • | | | | | | • | | | |
| Landing Gear Type: Tricycle | | | | | | | | | | | | |
| Homebuilt Aircraft? No | ebuilt Aircraft? No Number of Seats: 2 | | | | Certified Max Gross Wt. | | | | 8750 LBS Numbe | | | 1 |
| = - 11 | | | Engine M P&W | Engine Manufacturer: Model/Series: P&W PT6A-114 | | | | | Rated Power: 600 HP | | | |
| - Aircraft Inspection Information | | | | | | | | | | | | |
| Type of Last Inspection | | | Date of La | Date of Last Inspection Time Sir | | | ince Last Inspection | | | Airframe Total Time | | |
| AAIP | | | 07/10/19 | 07/10/1989 7 H | | | | | ours 1452 Hours | | | 152 Hours |
| - Emergency Locator Transmitter (E | LT) Information | | | | | | | | | | | |
| ELT Installed? Yes | ELT Operate | ed? No | | | ELT | Aided ii | n Locating Ac | cident S | ite? No |) | | |
| Owner/Operator Information | | | | | | | | | | | | |
| Registered Aircraft Owner | | | Street | Address P.O. BO | X 488 | | | | | | | |
| MOUNTAIN AIR CARGO | | | City | | | | | | | State NC | | Zip Code 28037 |
| | | | Street | Address | ` | | | | | 1110 | | 20007 |
| Operator of Aircraft | | | | P.O. BO | X 488 | | | | | | | |
| MOUNTAIN AIR CARGO | | | | City DENVER | | | | | | State NC | | Zip Code 28037 |
| Operator Does Business As: | | | Op | perator Desig | nator Co | ode: MT | NA | | | | | |
| - Type of U.S. Certificate(s) Held: | | | | | | | | | | | | |
| Air Carrier Operating Certificate(s): | On-demand Air T | ⁻axi | | | | | | | | | | |
| Operating Certificate: | | | | Operator (| Certifica | ate: | | | | | | |
| Regulation Flight Conducted Under | : Part 135: Air Ta | xi & Cc | ommuter | • | | | | | | | | |
| Type of Flight Operation Conducted | : Unknown | | | | | | | | | | | |
| |] | FACTU | JAL REP | ORT - AVIAT | ION | | | | | | | Page 2 |

National Transportation Safety Board
FACTUAL REPORT
AVIATION

NTSB ID: MIA89LA193

Occurrence Date: 07/12/1989

| AVIAT | ION | Occurrence | ce Type: Acc | | | | | | | | |
|---|----------------------------------|---------------------|---------------------------|-------------------------|------------|-------------------|----------------------------|------------|-----------|-----------|---------------------|
| First Pilot Information | | | | | | | | | | | |
| Name | | | | City | | | State | Date | of Birth | Age | |
| On File | On File | ile On | | | On I | File | 46 | | | | |
| Sex: M Seat Occupie | ed: Left | Pri | ncipal Profes | Pilot | | Ce | ertificate Nu | mber: C | n File | | |
| Certificate(s): Airline Transport; Flight Instructor | | | | | | | | | | | |
| Airplane Rating(s): Multi-engine Land; Single-engine Land | | | | | | | | | | | |
| Rotorcraft/Glider/LTA: None | | | | | | | | | | | |
| Instrument Rating(s): Air | plane | | | | | | | | | | |
| Instructor Rating(s): Airplane Multi-engine; Airplane Single-engine | | | | | | | | | | | |
| Type Rating/Endorsement | for Accident/Ir | ncident Aircra | ft? No | | C | urrent Bieni | nial Flight F | Review? | | | |
| Medical Cert.: Class 1 | Medica | al Cert. Statu | s: Valid Med | dicalw/ wai | ivers/lim. | | Date of L | ast Medica | l Exam: | 08/12/19 | 88 |
| | | | | | | | | | | | |
| - Flight Time Matrix | All A/C | This Make and Model | Airplane Single Engine | Airplane Mult-Engine | Night | Instru Actual | ıment Simulated | Rotorcr | aft | Glider | Lighter Than Air |
| Total Time | 4450 | 1024 | 4440 | 16 | 1318 | 961 | | | | | |
| Pilot In Command(PIC) | Pilot In Command(PIC) 4400 1020 | | 4400 | | | | | | | | |
| Instructor | | | | | | | | | | | |
| Last 90 Days | 194 | 194 | 194 | | 93 | 31 | | | | | |
| Last 30 Days | 75 | 75 | 75 | | 36 | 19 | | | | | |
| Last 24 Hours Seatbelt Used? Yes | Shoul | 2 ulder Harness | 2 Ilsed? Yes | | Toxico | l ology Perfor | med? No | | Second | Pilot? No | |
| Coalbon Cood. 100 | 01100 | ador Flamese | 103 | | 1.0% | | 110 | | | 110 | |
| Flight Plan/Itinerary | | | | | | | | | | | |
| Type of Flight Plan Filed: | FR | | | | | | | | | | |
| Departure Point | | | | | State | Airp | Airport Identifier Departu | | parture 7 | Time | Time Zone |
| FORT LAUDERDALE | | | | | FL | | FLL | | 0927 | | EDT |
| Destination | | | | | State | Airc | Airport Identifier | | | <u>'</u> | |
| Same as Accident/Incident Location FMY | | | | | | | | | | | |
| Type of Clearance: IFR | | | | | | | | | | | |
| Type of Airspace: | | | | | | | | | | | |
| Weather Information | | | | | | | | | | | |
| Source of Briefing: Fligh | t Service Sta | tion | | | | | | | | | |
| Method of Briefing: | | | | | | | | | | | |
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National Transportation Safety Board
FACTUAL REPORT
AVIATION

NTSB ID: MIA89LA193

Occurrence Date: 07/12/1989

Occurrence Type: Accident

| | - 1 5- | | | | | | | | | | | | |
|--|-----------------------------|--------------|---------|---------------------------|--------|-------------|---|------------|-----------------------|-------------------------|---|--------------|-----|
| Weather | Information | | | | | | | | | | | | |
| WOF ID | Observation Time | Time Zone | WOF | Elevatio | n | WOF Di | WOF Distance From Accident Site Direction From Accident | | | | | Accident Sit | е |
| FMY | 1000 | EDT | | 15 Ft. I | MSL | 0 NM 0 Deg. | | | | | | . Mag. | |
| Sky/Lowes | st Cloud Condition: Sca | ttered | | | | | 2500 Ft. AGL | | | Condition of Light: Day | | | |
| Lowest Ce | iling: None | | | 0 Ft. AGL | | | ility: | 10 | SM | Altimeter: 30.00 | | 30.00 | "Hg |
| Temperatu | ıre: 31 °C | Dew Point: | 2 | 23 °C Wind Direction: 250 | | | | | Density Altitude: Ft. | | | | |
| Wind Speed: 5 Gusts: Weather Condtions at Accident Site: Visual Conditions | | | | | | | | | | | | | |
| Visibility (F | RVR): 0 Ft | . Visibility | (RVV) | 0 | SM | Intensity | y of Prec | ipitation: | Unknown | | | | |
| Restriction | s to Visibility: None | | | | | | | | | | | | |
| Type of Pro | Type of Precipitation: None | | | | | | | | | | | | |
| Accident | Information | | | | | | | | | | | | |
| Aircraft Da | mage: | | Airc | raft Fire: | : | | | | Aircraft Exp | losio | n | | |
| Classificati | on: | | | | | | | | | | | | |
| - Injury Su | mmary Matrix | Fatal | Serious | Minor | | None | TOTAL | | | | | | |
| First Pi | ilot | | | | | 1 | | 1 | | | | | |
| Second | d Pilot | | | | | | | \neg | | | | | |
| Studen | nt Pilot | | | | \top | | | \neg | | | | | |
| Flight I | nstructor | | | | \top | | | \neg | | | | | |
| Check | Pilot | | | | | | | \exists | | | | | |
| Flight E | Engineer | | | | \top | | | \neg | | | | | |
| Cabin / | Attendants | | | | \neg | | | \neg | | | | | |
| Other (| Crew | | | | \top | | | \neg | | | | | |
| Passer | ngers | | | | \neg | | | | | | | | |
| - TOTAL A | ABOARD - | | | | \top | 1 | | 1 | | | | | |
| Other (| Ground | 0 | 0 | | 0 | | | 0 | | | | | |
| - GRAND | O TOTAL - | 0 | 0 | | 0 | 1 | | 1 | | | | | |
| | | | | | | | ı | <u>'</u> | | | | | |

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| Aun | III I | เงแฉ | เเงษ | HILL | лпо | ılıvı |

Investigator-In-Charge (IIC)

ANDREW A. ALSTON

Additional Persons Participating in This Accident/Incident Investigation:

FAA FSDO ORLANDO, FL